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October 28, 2014

The Honorable Denise Page Hood
U.S. District Court
231 W. Lafayette, Room 251
Detroit, Michigan 48226

F I L E D
OCT 30 2014
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DETROIT

RE: The Shane Group, Inc. v. Blue Cross Blue Shield of Michigan
No. 2:10-cv-14360

Dear Judge Hood,

I represent my mother, Marguerite M. Schubert, who is a member of the settlement class in referenced matter. For the past 5 weeks I've been trying to complete the claim form provided by the Settlement Administrator.

For the most part, I've been able to document my mother's hospital stays from 2006 through 2014, the period covered by this cause-of-action. However, because my mother was retired and her insurance provider changed during that period, it has been much more difficult to determine who her insurance provider was. Indeed, after spending considerable time trying to make this determination, it may simply not be possible to reconstruct this information.

Accordingly, I contacted the Settlement Administrator, by phone, several times in an effort to better understand why the insurance information is required and how the claim will be handled if this information is not provided. In this regard I've spoken to claim representatives and their supervisors; and I've asked for a subject matter expert to respond to my requests. None of the representatives that I've spoken to have been able to address my concerns. Nor did I

receive a call-back from a subject matter expert. So, ultimately, I asked to speak to one of the staff attorneys handling this matter. To date I have not received a response to this request.

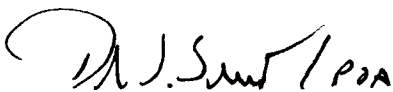
In re-reading the "Consumer Claim Form" provided by the Settlement Administrator it is clear that it is not clear why the insurance information is required. Indeed, the form states "You do not need to be a BCBSM customer to be eligible." So, why is the information required? e.g., how will a claim with a "G-7" ("None of the Above") insurance provider code be handled differently than one with, say, an "E-5" ("Priority PPO") insurance provider code?

Adding to this confusion, it is not clear what many of the insurance codes actually refer to. For instance, what are "Priority PPO"(E-5) and "Priority HMO"(F-6)? Are these Blue Cross Blue Shield products? Or, as suggested by code "A-1" ("Aetna PPO") are they designations for other insurance carriers? Similar questions could be asked of "HAP HMO"(C-3) and "HAP PPO"(D-4).

Answers to these questions are essential to properly completing a claim form. In my mother's case, she was a BCBSM member for at least one year, but it's not clear whether her plan was a PPO, and HMO, or something else. And, again, these records are difficult, if not impossible, to accurately determine as far back as 2006.

Accordingly, please treat this correspondence as a formal request to postpone (adjourn) the November 16, 2014, claim filing deadline until the issues raised here can be fully addressed. Thank you.

Respectfully,

A handwritten signature in dark ink, appearing to read "Dale J. Schubert / POA". The signature is fluid and cursive, with a large initial "D" and "J".

Dale J. Schubert, Durable Power of Attorney for Marguerite M. Schubert

DURABLE POWER OF ATTORNEY

I, MARGUERITE M. SCHUBERT of 823 South Lakeshore Drive, Ludington, MI 49431, appoint DALE J. SCHUBERT (hereinafter referred to as my "Agent"), my true and lawful attorney-in-fact, giving and granting unto my said Agent **full power and authority to act in my behalf in all legal, financial, and trade matters**, which powers shall include but are not limited to the following:

1. Real and Personal Property. To sign on my behalf purchase agreements, deeds, closing documents, notes, mortgages, leases, and all manner of contracts to acquire or sell real property; and to sign titles, bills of sale, mortgages, leases, pledges, hypothecations, and other conveyances of personal property, whether or not evidenced by certificate of title.
2. Stocks, Bonds and Intangibles. To act in my behalf in all dealings with respect to government bonds, both listed and unlisted, common stocks, bonds, notes and other participation in any United States or foreign corporation, including pooled funds, mutual funds, and rental or royalty interests, in any corporations or funds; to buy and to sell; to cash and deposit or spend dividends and/or interest or other payments accruing to me from ownership of any of the foregoing; to exercise as my proxy any rights, votes, options, or other privileges accruing to me as owner of the foregoing; further to vote in my behalf as a director or trustee of any United States or foreign corporation.
3. Safe Deposit Box. To enter into any safety deposit box in my sole name or jointly with another; to remove or change the contents, to exchange or surrender the box.
4. Debts. To pay, compromise, settle, or otherwise discharge any indebtedness to which I may be a party or as to which I have or may incur any liability.
5. Financial Accounts and Certificates of Deposit. To make deposits into or withdrawals from any financial institution, certificate of deposit, checking, or savings account in my name, or jointly with another person; to manage, open and close such accounts.
6. Taxes. To represent me in all tax matters involving me or any property in which I may have an interest, including preparing, signing and filing, federal, state and/or local, income, gift and other tax returns of all kinds, claims for refunds, requests for extensions of time to file returns and/or pay taxes, extensions and waivers of applicable periods of limitation, protests and petitions to administrative agencies or courts, any power of attorney form required by any taxing authority, including federal form 2848, and any and all other tax related documents, to pay taxes due, collect and make dispositions of refunds, post bonds, receive confidential information and contest deficiencies; to exercise any election or allocation I may have under federal, state or local tax law.
7. Gifts, Trusts and Disclaimers. To make gifts on my behalf to the extent of the annual exclusions available under the Internal Revenue Code to any persons including to my said Agent; to establish and transfer real or personal property to revocable or irrevocable trusts for me; to disclaim any powers; to disclaim any property interest, real or personal, in any amount, including gifts, insurance proceeds, pension or retirement plan benefits, IRAs, inheritances, devises or jointly held property.

8. Life Insurance, IRAs and Qualified Plans. To exercise all powers with respect to life insurance, IRAs, Qualified Plans and annuities including but not limited to the following:

- a. To exercise all rights and privileges with respect to insurance policies,
- b. To borrow, commence payments, direct required minimum distributions, or make withdrawals from any life insurance, IRA, Qualified Plan or annuity
- c. To rollover investments from one IRA or Qualified Plan into another,
- d. To make custodian to custodian transfers,
- e. To designate and change beneficiaries, including the power to designate my attorney-in-fact as beneficiary,
- f. To make contributions, direct investments and to exercise all other rights permitted of an account owner or beneficiary,
- g. To exercise or waive any elections, benefits or options in all such plans.

9. Health Care. To make decisions necessary or appropriate for my physical and mental health and well being; to engage and terminate the services of health care professionals and domestic help; to determine for me and pay from my funds the charges for such services; to execute waivers and authorizations required to secure care which I may need; to waive doctor-patient privileges; to give informed consents and informed refusals on my behalf regarding:

- a. Any medical care, diagnosis, surgical procedure, therapeutic procedure, dental procedure, physical rehabilitation program, psychiatric or psychological care or treatment or other health care treatment;
- b. The use of any drugs, medication, therapeutic devices, life support systems or other related items; and
- c. The admission to any hospital, medical center, nursing home, hospice or foster home, mental institution or other health care organization.
- d. Application for health and prescription plans and benefits, to change plans and elections, access information and talk to representatives about my options.

This document is intended to provide to my Agent access to all protected medical information as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). My Agent may sign authorizations for the release of all such information, or such other consents required to authorize the release, use or disclosure of my confidential health information.

10. Agents. To employ and compensate agents, accountants, attorneys, brokers and other professionals; to waive any attorney-client privilege or other privilege which I may have with any other person.

11. Administrative Powers. To apply for government and other benefits on my behalf, including but not limited to Medicaid, SSI or SSDI; to act as my representative payee, and to act as or to appoint an authorized representative for me in all administrative and governmental matters.

12. General Grant of Power. Further, I grant full power and authority to the above-named Agent to act as my true and lawful attorney-in-fact on **any matter** in which I may be an interested party, **whether or not specifically listed herein.**

13. Photographic Copies and Third Party Reliance. A photocopy of this executed Durable Power of Attorney may be relied on by any person to the same extent as though the copy were an original. Third parties may rely upon the representations of my attorney-in-fact as to all

matters relating to any power granted hereunder. No person who acts in reliance upon the representations of my attorney-in-fact or the authority granted herein shall incur any liability to me or my estate as a result of permitting my attorney-in-fact to exercise any power. To induce third parties to rely on this Durable Power of Attorney, I warrant that, if this Durable Power of Attorney is revoked by me or otherwise terminated, I will indemnify and save third parties harmless from any loss suffered or liability incurred by third parties who have in good faith relied on the authority of my attorney-in-fact prior to such third parties' actual knowledge of revocation or termination of this Durable Power of Attorney. This warranty shall bind my heirs, devisees and personal representatives.

14. Enforcement Powers. To seek a declaratory judgment in any court of competent jurisdiction as to the validity of this document and the acts authorized, whether or not specifically listed herein; and to seek an injunction for mandatory compliance and actual and punitive damages against any person, organization or entity that is obligated to comply with instructions given by me who negligently or willfully fails or refuses to follow instructions of my Agent.

15. Durability of Power. This Power of Attorney shall be regarded as a durable power of attorney and shall not be affected by my disability, incapacity or lapse of time as provided under MCL 700.5501 and MCL 700.5502.

16. Revocation. I revoke all financial Powers of Attorney given by me at any previous date. This revocation applies only to financial Powers of Attorney and does not revoke Medical Directives, Patient Advocate Designations or Durable Powers of Attorney for Health Care.

IN WITNESS WHEREOF, I have signed this Durable Power of Attorney on OCTOBER 3, 2013, trustful of the judgment of the said named Agent in any of the aforesaid matters or other matters to which this Durable Power of Attorney may be germane.

Marguerite M. Schubert
MARGUERITE M. SCHUBERT

STATE OF MICHIGAN)
COUNTY OF)

Acknowledged before me in Mason County, Michigan on 10-3-2013,
by: MARGUERITE M. SCHUBERT

Lori Holmes
Notary Public
MASON County, Michigan
Acting in MASON County
My commission expires: 8-3-2018

Prepared by:
Barry B. George, PC
Lambert Leser Law Firm
240 W. Main St., Suite 1000
Midland, MI 48640
(989) 631-7626

LORI HOLMES, Notary Public
State of Michigan
County of Mason
My Commission Expires 08-03-2018



FILED
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CLERK'S OFFICE
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Detroit, Michigan 48226

Dale J. Schubert
P.O. Box 1602
Midland, Michigan 48641

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